CITY OF OXFORD
EDUCATION COMMITTEE

REPORT

of the

PRINCIPAL
SCHOOL MEDICAL OFFICER

for the

YEAR 1954

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TABLE OF CONTENTS

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*Members of the Special Services Sub-Committee

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer:
J. F. Warin, M.D., D.P.H.

Deputy Principal School Medical Officer:
J. F. Skone, M.D., D.P.H., D.C.H., D.I.H.

School Medical Officers:
Beryl G. Anscombe, M.B., Ch.B., D.R.C.O.G.
Elizabeth J. Coulter, M.B., Ch.B.
G. M. O'Donnell, B.A., M.B., B.Ch., B.A.O., D.P.H. (resigned 30.9.54)
G. F. Willson, M.D., M.R.C.S., L.R.C.P., D.P.H.
Catriona Dempster, M.B., Ch.B., D.P.H. (commenced 28.9.54)

Principal School Dental Officer:
C. H. I. Millar, B.Sc., L.D.S.

School Dental Officers:
Miss E. M. L. Muir, L.D.S. (resigned 20.1.54)
Mrs. I. B. Mann, L.D.S. (part-time)

Senior School Nurse:
Mrs. D. Weller (*a*) (*b*) (*c*) (*d*)

School Nurses:

Miss G. Davies (*a*) (*b*) (*c*)
Miss J. Barnett (*a*) (*b*) (*c*)
Miss M. Salmon (*a*) (*b*) (*c*)
Miss. K. Gregory (*a*) (*b*) (*c*)
Miss H. Spickernell (*a*) (*b*) (*c*)
Miss K. Baylis (*a*) (*b*) (*c*)
Miss L. Lawrence (*a*) (*b*) (*c*)
Miss D. Bree (*a*) (*b*) (*c*)
Miss D. Pyle (*a*) (*c*)
Miss K. Major (*a*) (*b*) (*c*) (resigned 23.10.54)
Miss K. Hayes (*a*) (*b*) (*c*)
Miss J. Jackson (*a*) (*b*) (*c*)
Mrs. K. Gilby (*a*) (*b*) (*c*) (resigned 30.9.54)
Miss N. Crookall (*a*) (*b*) (*c*) (commenced 5.1.54)
Miss E. Watson (*a*) (*b*) (*c*) (commenced 20.4.54)
Miss B. Spence (*a*) (*b*) (*c*) (commenced 20.4.54)
Miss E. Maylam (*a*) (*b*) (*c*) (commenced 20.4.54)
Mrs. B. Popham (*a*) (*b*) (*c*) (commenced 20.4.54)

(*a*) State Certified Midwife
(*b*) State Registered Nurse
(*c*) Health Visitor's Certificate, Royal Sanitary Institute
(*d*) State Registered Fever Nurse

Remedial Gymnasts:

Miss M. Flint
Miss C. Cowell

Dental Attendants:

Miss B. Rolfe (resigned 9.1.54)
Miss D. Cole
Miss B. Clutterbuck

Nursing Attendants:

Mrs. F. Jacobs
Mrs. D. Belcher

Senior Clerk:
Miss W. Hunt

Clerks:

Miss B. Grant
Miss M. Bolt
Miss I. Heath

SCHOOL CLINICS

Minor Ailment Clinics:

East Oxford, Cowley Road	Mondays and Wednesdays, 9 a.m.
Bury Knowle, Headington	Mondays and Thursdays, 9 a.m.
Donnington, Henley Avenue	Tuesdays and Fridays, 9 a.m.
60 St. Aldate's	Tuesdays and Fridays, 9 a.m.
Barton, Barton Primary School	Mondays, 10.30 a.m.

Dental Clinics:

60 St. Aldate's	By appointment only
Margaret Road, Headington	,, ,, ,,
Donnington, Henley Avenue	,, ,, ,,
East Oxford, Cowley Road	,, ,, ,,
North Oxford, Summertown Clinic	,, ,, ,,

Remedial Exercise Clinics: Every weekday (by appointment)

Child Guidance Clinic:

Northern House, South Parade	By appointment only

Speech Therapy Clinics:

60 St. Aldate's	Thursdays 2 p.m. (by appointment)
Bury Knowle, Headington	Mondays, 2 p.m. (by appointment)

The Chairman and Members of the Education Committee.

Ladies and Gentlemen,

The general health of Oxford school children as judged by the results of the routine medical examination continues to improve.

Once again attention has been directed to the state of hygiene of the older school premises and some improvement can be reported although not as much as one would wish. During the year a detailed examination was made of all school canteens, as a result of which some defects were found and remedied. At the same time, arrangements were made for a medical examination of all employees working in these canteens so as to eliminate as far as possible the risk of introducing infection into food handled in the canteens.

Part-time employment of older school children is allowed subject to carefully defined conditions designed to safeguard the health of the children and employers are required to send full details of such children to the School Medical Officer within four days of the commencement of employment, so that a medical examination can be carried out without delay. Employers are not always observing these requirements and it is known that at least one child, who was quite unfit for employment by reason of heart disease, had been working for as long as three months before the School Health Department was aware of the fact. It is intended to see that these requirements are more faithfully observed in the future and the co-operation of all employers of school children is requested.

It was an exceptionally quiet year from the point of view of infectious diseases. For the sixth year in succession there was no case of diphtheria. No case of poliomyelitis occurred in a school child. There were only twenty cases of scarlet fever and only one case of measles. An average number of cases of whooping cough were notified. Four small school outbreaks of sonne dysentery occurred and perhaps it is not without significance that in two of these schools the sanitary accommodation was in a most unsatisfactory state.

There were six new cases of tuberculosis in school children and in four of these, the source of infection was found within the family circle. This is a relatively small number of cases but it is six too many. Tuberculosis is a preventable disease and further important steps were taken during the year to try and minimise the risk of infection in the school child. In my last report I referred to the fact that most members of the teaching staff of the maintained schools had voluntarily agreed to have a chest X-ray. During the present year, the independent schools were tackled and again there was an excellent response and 312 teaching and boarding house staffs from 23 schools, some large and some small, were X-rayed. In addition, 289 staff comprising mainly teaching assistants and canteen staff working in maintained schools were also X-rayed. Out of this total

of 601 persons X-rayed, one active case of pulmonary tuberculosis was found and two persons are being kept under observation. During the last three months of the year, two units of the Regional Mass Miniature Radiography Service were operating within the City and the opportunity was taken to encourage all school leavers to have a chest X-ray. There was an excellent response, the results of which are awaited.

In January 1955, B.C.G. Vaccination of children aged between 13 and 14 years was commenced. Of the first batch of children who received a tuberculin test prior to vaccination, only 13.5% gave a positive result, a figure which compares with 30% positive in a similar age group in 1950. This diminution can be taken as an indication that tuberculous infection in children is definitely on the decrease. This means that there will be more children leaving school with no naturally acquired immunity and as the period of greatest danger of infection is during adolescence and early adult life, it has become all the more necessary to attempt to give school leavers some artificial immunity by means of B.C.G. Vaccination. For the last few years it has been routine practice to carry out tuberculin testing as part of the birthday examination of children attending child welfare clinics in the city. It was decided to extend this important case finding work to nursery school children and during the year 527 such children were tested, of whom two were found to be positive.

The portable pure tone audiometer has continued to give good service and since this method of routine testing of hearing was introduced in October 1952, a total of 2,095 children have been examined, most of them school entrants. Of this number 320 failed the initial test and were re-examined at one of the school clinics, as a result of which 145 were referred to the Otolaryngological Department of the Radcliffe Infirmary, where it was confirmed that 115 had some definite hearing loss. Oxford has been one of the pioneers of this method of routine audiometry and we have received visitors from many other interested authorities during the year.

There has been a still further drop in attendances at minor ailment clinics. During the year, the Headington Clinic was transferred to Bury Knowle, leaving the Margaret Road premises to be converted into a very suitable dental clinic.

Warts have for some time been a prominent reason for the attendance of a substantial number of children at minor ailment clinics and it was therefore decided to investigate the incidence of plantar and other warts and the methods of treatment in current use. It was found that whereas ordinary warts occurred fairly equally amongst the sexes and in all age groups, plantar warts are much commoner in girls, particularly in the age group 10—14 years. There was only a slightly increased incidence of warts during the warmer weather and there was no evidence that swimming pools played any part in spread. Methods of treatment and results have been very varied. Experience has shown that only local X-ray therapy

gives an immediate and satisfactory result. This however is like using a sledge hammer to crack a nut and in my opinion can only be justified in the case of persistent and painful plantar warts. In most cases some simple treatment which parents may undertake at home is all that is needed. Certainly frequent and largely unnecessary attendances of children at minor ailment clinics should be avoided.

The accommodation at the Slade Park School has been increased to 80 places and it is hoped during the course of the next year that a further unit to provide accommodation for children aged 5—7 will be added. As mentioned in my last report, these children are, at the moment, most unsatisfactorily accommodated in nursery or infant schools or at the Occupation Centre. A follow-up of the twelve children who have left since the present buildings were opened in 1951 has shown a very satisfactory state of affairs in that all quickly obtained posts, at standard rates of employment, which they have kept. The interest shown by the headmaster in the subsequent employment of these children is specially to be commended.

During the course of the year a good deal of national and local publicity has arisen in connection with children suffering from cerebral palsy (spastic children). A careful search has revealed 25 of these cases in Oxford aged 2—15 years. Many of these are attending ordinary schools as their disabilities are of a minor nature. Others are satisfactorily placed in special schools dealing with a predominate defect. Those requiring special treatment such as speech therapy or physiotherapy can obtain this readily at one or other of the Oxford Hospitals. There has again been a good deal of discussion as to whether a special spastic unit in which education can be combined with treatment should be provided in this city. This department has knowledge of only two cases definitely suitable for such a unit, although two others might possibly benefit. It would therefore be impossible to justify such a special unit to cater only for Oxford children.

The Speech Therapy Department at the Churchill Hospital was fully staffed throughout the year and as a result more school children were treated, many of them at school clinics. Speech therapists also found time to visit many of the schools, which was most valuable in furthering co-operation with school teachers.

The reconstruction of the Open Air School was completed and as a result, younger children and more delicate children can now be accommodated there.

I should like to record our appreciation of the transport service given by the Women's Voluntary Service. Children are taken to clinics for examination or treatment in circumstances when it would be very difficult for a child to get to the clinic without such help.

For a month during the Summer term, school medical officers kept records of the stated time of going to bed of nearly a thousand school

children of different age groups. The results show that, as judged by this sample, no less than three-quarters of Oxford school children are going to bed too late and in some cases it is not just a question of half an hour, or even an hour, but more than two hours after the desirable bedtime for their age. Many of these children cannot be having enough sleep, with consequent detriment to their health as well as to their education. Children require just as much sleep during the summer as they do during the winter. Parents should insist on a regular set bedtime for their children and this should only be relaxed very infrequently for some special occasion.

Throughout the year we had the services of only two and a half dentists which is just half the establishment. Good work has been done but it is quite impossible to give a fully comprehensive service with such a depleted staff. During the year a survey was carried out on a sample of children whose parents had previously declined the offer of dental treatment at the school clinic on the grounds that their children would attend a private dentist. The object was to discover what proportion of these children had actually obtained treatment privately and what proportion had not. The results showed that just over half of those who had stated their intention to attend a private dentist had, in fact, done so. The remainder in spite of their promise had not received any treatment and were presumably waiting until the occurrence of pain made a visit to the dentist imperative. This cannot be regarded as a satisfactory state of affairs.

In conclusion, I should like to thank the Chairman and Members of the Special Services Sub-Committee for the interest they have at all times taken in the School Health Service. My thanks are also due to a loyal and hard working staff all of whom have carried out their duties efficiently. In particular, I am indebted to Dr. Skone and Miss Hunt who have borne the main burden of the day to day administration of the service and have been largely responsible for the compilation of this report.

Yours faithfully,

J. F. WARIN.

SCHOOL HEALTH SERVICE

Routine Medical Examinations

Numbers examined:—	1951	1952	1953	1954
Entrants	1,274	1,576	1,634	1,487
Ten Year Olds ..	1,139	1,152	1,222	1,326
Leavers	1,100	1,191	1,261	1,116
Other Periodic Examinations	73	183	148	164

In the routine medical examinations it will be seen that the steady increase noticed in previous years in the numbers examined in the five year old group has now ceased.

General Condition of Children Examined (expressed as a percentage)

	Good	*Fair*	*Poor*
1948	49.6	49.3	1.1
1949	66.9	32.3	0.9
1950	67.4	31.8	0.8
1951	66.8	32.7	0.5
1952	71.0	28.7	0.3
1953	78.5	21.3	0.2
1954	89.7	10.1	0.2

It is observed that the proportion of children whose general condition was described as "good" has increased from 78.5% to 89.7% with a corresponding fall in the group "fair".

Nursery Schools and Nursery Classes in Primary Schools

There are seven nursery schools and three nursery classes which are visited weekly by a school nurse and monthly by one of the school medical officers. Routine medical examinations, at which parents are encouraged to be present, are arranged twice a year and 566 such examinations were carried out. Arrangements are made for any defects disclosed in the health of these children to be investigated, and if necessary, treated.

During the year tuberculin jelly patch testing was carried out on all children attending these nursery schools and classes and children aged less than five years attending four other schools (St. Thomas', South Oxford, St. Clement's and St. Barnabas' Schools). At succeeding routine inspections, entrants are having jelly patch tests as part of the medical examination.

In this scheme, 527 children have been tested and in five cases, the results were positive and these children were referred to the Chest Clinic where they were retested by means of the slightly more reliable Mantoux test. In three cases the results proved to be negative, and the chest X-rays

were normal. In the fourth case, the Mantoux test 10 TU was positive and the chest X-ray showed some increased markings in the left hilar shadow and the child has been kept under observation. In the fifth case, the Mantoux 10 TU was positive and the chest X-ray showed slight enlargement of the left hilar shadow with possible calcification; this child is also under observation. Investigation of the possible sources of infection in the two latter children is still proceeding.

The difficulties in dealing with the backward or disturbed child, aged between 5 and 7 years, persisted during the year and thanks are due to the superintendents and class teachers who have dealt so patiently with these problems.

Work undertaken by School Nurses

Some indication is given in the following lists of the wide range of duties of school nurses.

Attendances at schools or clinics.

Minor ailment	340
Immunisation	62
School medical inspections	336
School pre-medical inspections	92
Personal hygiene inspections	346
Personal hygiene inspections—follow up	64
Audiometer tests	68
Tuberculin jelly tests	45
Talks to school children	14
Visits to nursery schools and classes	167

Home Visits.	*First*	*Re-visits*
1. Follow up visits after medical examinations	251	79
2. Personal hygiene of children	169	54
3. Other visits	125	12
Total	545	145

Medical Examination of Entrants to Teachers' Training Colleges

Arrangements were made for the medical examination of 64 entrants to Teachers' Training Colleges and 6 teachers who were about to take up duties in the profession. Sessions were arranged mainly on Saturday mornings at the St. Aldates' Clinic and chest X-rays were carried out at the Miniature Camera Unit at the Radcliffe Infirmary.

Employment of Children

217 children undertaking part-time employment were examined during the year compared with 238 in 1953. The medical examinations are

undertaken in accordance with Bye Laws made under The Children and Young Persons Act, 1933, (as amended by the Education Act, 1944). The employer should send details of the child, the occupation in which, and the place at which, he or she is employed and the time at which the employment begins and ends, within four days of the commencement of employment. Within fourteen days from the date that the employment begins, there should be produced to, and endorsed by, the employer a certificate from the School Medical Officer that such employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education.

There is a good deal of slackness in the observance of these requirements and it is often only when forms are sent to possible employers for completion in May and November that cases are brought to light. Officers of the local authority do regular patrol work and head teachers of secondary schools make enquiries each term.

It has come to my notice that, in recent months, at least one child who was unfit for employment had been working for three months before the local authority became aware of the fact. It seems that particular attention should be paid to this matter in future because these Bye Laws are made essentially for the sake of the health of the older school child.

School Meals and Milk

The following particulars relate to the number of children in attendance and the number of meals provided on a single day in October 1954.

Nunber of pupils present in school on the day selected:

A. In Primary schools (excluding nursery schools) ..	9,147
B. In Secondary schools	3,741
C. In Nursery schools	296
D. In Day Special schools	138
Number of school canteens	51
Number of schools or departments served	67
Number of schools or departments not yet served	—

	Meals		*Milk*	
	1953	1954	1953	1954
A. Primary Schools (excluding Nursery Schools)				
(i) Free	297	269	8,453	8,552
(ii) For payment	3,370	3,491	—	—
Percentage of Total ..	41	41	94	93
B. Secondary Schools				
(i) Free	149	125	2,277	2,224
(ii) For payment	1,635	1,861	—	—
Percentage of Total ..	49	53	63	59

	Meals		*Milk*	
C. Nursery Schools	1953	1954	1953	1954
(i) Free	10	7	283	293
(ii) For payment	274	287	—	—
Percentage of Total ..	100	99	99	98
D. Special Schools				
(i) Free	22	27	128	128
(ii) For payment	106	110	—	—
Percentage of Total ..	95	99	95	92
Residential Special School				
Number of pupils ..	74			
Number taking milk ..	74			

61 bottles of milk were sent home to children who were ill and usually had milk in school.

Percentage of children having school dinners—1949—1954.

	1949	1950	1951	1952	1953	1954
A. Primary Schools	49	48	47	47	41	41
B. Secondary Schools	54	54	55	59	49	53
C. Nursery Schools	100	100	100	100	100	99
D. Special Schools	95	100	98	97	95	99

It will be seen that the figures are much the same as during 1953 except for a small increase in the number of secondary school children having school dinners.

Prevention of Food Poisoning at School Canteens

Circular 273, dated January 15th, was received from the Ministry of Education and efforts have been made to implement the various recommendations made. At the moment about 200 people are employed in school canteens. In the case of the administrative staff, a full medical examination and a chest X-ray have been a condition of employment for some time. In the case of manual workers, where there is a higher labour turn over, detailed questions concerning any history of intestinal illnesses are now asked at the interview before appointment. If there are reasons for being anxious about a prospective employee then a full medical examination is arranged and blood and stool specimens are sent to the laboratory. Until satisfactory reports are received on all points, an appointment is not confirmed. In the case of all new employees in the manual group, a chest X-ray is insisted upon.

The Catering Officer and School Meals Superintendent made a detailed examination of the conditions in all school canteens and as a result some obvious defects have been remedied. In addition, school medical officers have made detailed reports on those canteens situated on or near school premises. There remain a few buildings which are hired and do not

measure up to the standards required in the Circular, but it is hoped they will be used only for a further limited period.

Sets of posters on the subject of the prevention of food poisoning have been set up in canteens and it is hoped that it will be possible to arrange further talks by members of the Chief Sanitary Inspector's staff to canteen workers on this subject.

It was thought that it would be valuable to include canteen workers among the selected groups who were X-rayed at the Miniature Camera Unit in May, June and July this year. I am glad to report that there was a 100% response to our offer. Four members were recalled for a full size film and one of these was referred to the Chest Physician. No case of active tuberculosis was detected.

Hygiene of School Premises

During the latter part of the year, the following seven schools were again visited for the specific purpose of making a hygiene inspection—City of Oxford, East Oxford Infant, St. Aloysius R.C., St. Ebbe's, St. Joseph's R.C., SS. Philip and James' Infant and St. Thomas'. At the last hygiene inspection these schools were unsatisfactory but it was now found that many improvements had taken place. In addition a survey was made of the sanitary accommodation in all infant schools. It was found that two of the new post war primary schools have no urinal provision for the infant departments, a regretable omission which has resulted in frequent complaints from members of the teaching and domestic staffs. It is understood that some urinal provision will be made in these schools during the next financial year. New infant schools built in the future will contain this necessary provision.

Infectious Diseases

Cases notified in school children:—

	1949	1950	1951	1952	1953	1954
Diphtheria	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Scarlet Fever ..	72	28	50	77	94	20
Poliomyelitis ..	6	5	1	1	2	Nil.
Measles	849	423	528	268	941	1
Whooping Cough ..	145	250	217	14	129	141

1954 proved to be a year exceptionally free from notifiable infectious diseases.

Diphtheria

For the sixth year in succession no case of diphtheria has been reported. The figures for the primary and re-inforcement immunisations in school children in recent years are as follows:—

	Primary	*Re-inforcement*
1950	150	1,499
1951	222	1,607
1952	191	1,837
1953	114	1,318
1954	172	1,867

Scarlet Fever

There was a marked reduction in the incidence of this condition and the cases seen were very mild.

Measles

Only one case of the disease was reported during the year.

Whooping Cough

The figures show a slight increase on those of 1953. Infection was most heavy in the first seven months of the year.

Poliomyelitis

There was no case of this disease reported.

Infective Hepatitis

Mild cases of infective hepatitis were reported from the beginning of November 1953 until early in March 1954 amongst children attending Wolvercote School. In all 40 cases occurred out of a total of 304 names on the register.

The first case occurred on October 4th but was so mild that the child continued to attend school. No jaundice developed, no medical advice was sought and the diagnosis was only made retrospectively when a number of other cases occurred in the same form about a month later. At no time were there more than 10 children away from school simultaneously with this complaint.

Thirty-three families were affected and every case received a personal visit from a member of the staff of the School Health Department. The parents were advised of the dangers of the spread of infection and of the simple precautions that could be taken to minimise this. In view of the publicity which the outbreak received in the middle of February, a letter was sent by the Principal School Medical Officer to the parents of all children attending the school in order to give factual information and to allay any undue anxiety which might have arisen.

It proved necessary for only two of the patients to be admitted to hospital, one, an adult, primarily for social reasons and the other, a school child, who was suspected of having an acute abdominal condition.

Sonne Dysentery

During the Christmas holidays 1953, it became apparent that there had been a small outbreak of sonne dysentery in St. Thomas' Junior Mixed School. 10 children were shown to have been infected and 26 others were excluded for a period as contacts.

Later in the year, two separate outbreaks occurred in other schools. In March and April, 18 children were found to be suffering from the disease in North Oxford Nursery School and 39 in Cutteslowe Infant School. In several instances children from the same families were affected in both schools. At North Oxford Nursery School, one child was excluded as a contact and at the Infant School, 13 were temporarily excluded for this reason.

In May and June, there was a sharp outbreak of the disease in Headington Quarry School. 32 children became infected and 49 were excluded as contacts.

During the year there were a small number of cases in other schools but most of these could be traced to contact with one of the four schools most severely affected. In all 140 children suffered from the disease and 148 children were excluded for short periods as contacts.

In connection with these outbreaks it is I think significant that the sanitary accommodation left much to be desired in three of the four schools involved. Some much needed improvements have since been made.

Tuberculosis

A. New Cases.

The table below summarises notifications of tuberculosis in children attending maintained schools in Oxford, 1949—1954:—

	1949	1950	1951	1952	1953	1954
Pulmonary Tuberculosis ..	13	8	5	3	8	4
Non-Pulmonary Tuberculosis ..	4	4	2	0	3	2

In two of the cases of pulmonary tuberculosis and both cases of the non-pulmonary tuberculosis, the source of infection is believed to have been an adult member of the family of the child affected.

B.C.G. Vaccination had been offered, and refused, on a previous occasion for one older boy, who succumbed to the infection when his mother's old-standing lesion broke down.

In the case of a child who contracted pulmonary tuberculosis in 1953, the probable source of infection—a grand-parent who failed to attend the Contact Clinic, but who was X-rayed in one of the recent Mass Miniature Radiography sessions—was discovered in 1954.

B. Cases in maintained schools on the Notification Register:—

	1949	1950	1951	1952	1953	1954
(*a*) Pulmonary Tuberculosis ..	42	35	34	32	39	40
(*b*) Non-Pulmonary Tuberculosis	34	24	26	17	19	14

T.B. Meningitis

In January the Education Committee agreed to provide some teaching for children convalescing from tuberculosis meningitis at the Osler Pavilion. Six children have so far been included from Charlbury, St. Helier, Swindon, Poole, Wolverton and Bournemouth, and the respective education authorities have readily agreed to the scheme.

This service has been much appreciated because treatment for this disease may last more than a year. An excellent clinical result in this once fatal disease had previously sometimes been marred by backwardness due to prolonged absence from school.

Mass Miniature Radiography

Two Mass Radiography Units of the Oxford Regional Hospital Board were working in Oxford from September 13th until December 14th and it is known that over 19,000 persons attended these open sessions. A little earlier in the year, units went to Pressed Steel, Morris Motors, Nuffield Exports, and Morris Radiators and nearly 15,000 workers were X-rayed, so that the total for the city was about 34,000. All parents of school children aged thirteen and over, both in City and independent schools, were approached for permission for the children to be included in the scheme. The response was excellent. Detailed results are so far available for only a few schools, but it is known that one child at least was found to be suffering from pulmonary tuberculosis, and investigation of the source of infection is being carried out.

Five of the sites chosen for the units were in the grounds of local authority schools and our grateful thanks are due to the head teachers for their co-operation in this matter.

Protection of School Children against Tuberculosis

During the year, the scheme for offering chest X-rays to teachers and other employees in local authority schools was continued. Teachers who had declined to take part in the scheme in 1953 were again approached and an offer was made to include all members of canteen staffs and to complete the survey of non-teaching assistants. Of the 289 members of the staffs who attended the Miniature Camera Unit at the Radcliffe Infirmary, 280 were said to have satisfactory films and the remaining 9 were recalled for large films.

	Male	*Female*	*Total*
Appointments kept	26	263	289
Recalled for large film	1	8	9
Recalled for clinical examination after large film	0	1	1
Active pulmonary tuberculosis	0	0	0
Observation by Chest Physician	0	1	1

In addition these facilities were offered to all the independent schools

in the city and a personal approach was made to each school medical officer or head teacher. 312 teachers, boarding and domestic staff were included and 10 were recalled for large films. The result of this can be summarised as follows:—

	Male	*Female*	*Total*
Appointments kept	109	203	312
Recalled for large film	2	8	10
Recalled for clinical examination after large film	0	3	3
Active pulmonary tuberculosis	0	1	1
Observation by Chest Physician..	0	1	1

In the case of the teacher with active pulmonary tuberculosis, arrangements were made for the children who had been in contact with her to be tuberculin patch tested and for the four boys who had positive results to be X-rayed. All four had satisfactory films and since there had been a 100% response amongst members of the staff of the school, all of whom had satisfactory reports, it was concluded that the teacher's infection had been contracted in previous employment, and that she had not passed on the infection to any boy in the school.

The schools which took part in this scheme were—Christ Church Cathedral, Dragon, Grandpont House, Greycotes, Hunsdon House, Magdalen, New College, Notre Dame, Oxford Girls' High, Regal Nursery, Rothesay House, Rye St. Anthony, Salesian College, Sandy Lodge, Summerfields, Summertown Garden, Sunnymeade House, St. Faith's, The Crescent, The Montessori, The Squirrel, Wayside and Wychwood Schools.

The X-rays were carried out between May 3rd and July 1st in 20 sessions between the hours of 3.30 and 5 p.m. As in the previous year, every effort was made to suit individual preferences and to avoid dislocation of school work.

It will be recalled that in last year's survey, one teacher was discovered to have active pulmonary tuberculosis and her treatment has continued throughout the year. It is hoped that she will be able to resume duties early in 1955. Of the seven persons who were placed under observation—one nursery student who had evidence of recently resolved pneumonia, had a further film taken six months later which was found to be normal and one male teacher had a satisfactory report from a repeat film. Two male and two female teachers remain under observation and continue to attend the Chest Clinic regularly and are able to carry out their teaching duties. One male teacher who was found to have old chronic disease was proved to be sputum positive in May 1954 and since then has been suspended from work and is receiving treatment.

B.C.G. Vaccination

In the Annual Report for 1953 mention was made that the Ministry Circular on B.C.G. Vaccination had appeared on November 5th of that

year. The Health Committee after consultation with the Education Committee agreed in March to a scheme for offering B.C.G. Vaccination to school children who were approaching their fourteenth birthday. The school medical officers attended a course of instruction at the Chest Clinic, Churchill Hospital, and were subsequently approved by the Medical Officer of Health after consultation with the Consultant Chest Physician, as being competent to undertake the work involved in this scheme.

The work is carried out in school clinics and consists of a Mantoux skin test (Tuberculin P.P.D. 10 T.U.), the result of which is read three days later. This is followed by B.C.G. Vaccination if the test is negative. Vaccination consists of a small injection into the skin of the upper arm. In about three weeks a small red nodule should appear at the site of the injection, the top of this may later come off resulting in slight oozing, in which case the parents are advised to apply a loose dry dressing. The reaction slowly subsides and heals completely or leaves only a very small scar. Very rarely a more severe reaction occurs. From 6—12 weeks after vaccination, the skin test is repeated and usually almost all cases are then found to be positive. This means that a child who originally had a negative test has now become protected without waiting for the action of virulent tuberculous infection. No skin testing or vaccination is undertaken without the written consent of parents or guardian.

A team of three persons from the School Health Department—a medical officer, health visitor and a member of the clerical staff—attend each session which is held in a clinic conveniently situated for groups of children from schools where there are pupils aged 13 years and over.

The syringes and needles are dry sterilised and arrive pre-packed at the session. The needles, which are of the platinum type, are flamed after each injection. Record and consent forms have been devised by Dr. Neville Irvine, Adviser on B.C.G. Vaccination to the Oxford Regional Hospital Board, and will be used generally throughout the Region. It is hoped that this uniform method of recording will facilitate some research work which is being undertaken. The recording of results is done by the clerical member of the team.

I am glad to take this opportunity of thanking Dr. Irvine for much helpful advice on matters relating to the inauguration of this scheme of vaccination.

Letters have been sent to family doctors, head teachers of secondary schools and parents outlining the principles of the scheme. The first group of children were vaccinated early in January 1955. 338 children were eligible for inclusion in the scheme and the parents of 174 accepted the offer. 162 children were skin tested and 21 or 13.5% were found to be positive. The remaining 135 were vaccinated with B.C.G. It is interesting to note that in 1950 when a tuberculin survey was carried out, 30% of a similar age group were gound to be positive indicating a previous infection with the tubercule bacillus. This means that an increasingly high pro-

portion of school leavers have never come into contact with tuberculosis and the value of some protection against this disease by means of B.C.G. Vaccination is obvious.

Ringworm

In June, a fresh case of this disease was reported and in August, 4 further cases (3 were pre-school children), in a family who had recently returned from Ireland, were recorded. However all cases were considered cured at the beginning of December.

The figures below show the numbers of children treated since 1946:—

1946	..	91
1947	..	57
1948	..	55
1949	..	36
1950	..	20
1951	..	16
1952	..	10
1953	..	7
1954	..	5

Scabies

This work continues to be undertaken by one of the nursing assistants and individual arrangements are made for each family affected. Treatment is carried out at the patients' homes, if possible, but, if home conditions are inadequate for the purpose, then Donnington Clinic is used. These arrangements have proved very satisfactory.

A number of cases were brought to light in an investigation into an alleged high incidence of papular urticaria amongst a group of school children. It was found that a number of cases of scabies had originally been mis-diagnosed as the other condition.

The figures for 1954 show much the same picture as in 1953.

	1948	1949	1950	1951	1952	1953	1954
Total number of individual school children treated (cases and contacts) ..	62	54	39	6	21	31	31
Total number of families treated..					8	15	17

Pediculosis

During the year, 34,628 cleanliness inspections were carried out by school nurses and out of a school population of 11,964 inspected, 144 children (1.2%) were found to have louse infestation of the head. Although Oxford's experience is fortunate compared with England and Wales as a whole, yet there is still room for improvement. The examinations are

arranged at the beginning of each term and treatment is carried out at the most conveniently situated minor ailment clinic.

Percentage of School Population Verminous

	1949	1950	1951	1952	1953	1954
England & Wales	8	7	6	5	5	Not available
Oxford	2.31	2.03	2.16	1.96	1.56	1.2

Many of the children affected come from "problem families" well known to the Health Visiting Staff, who now call towards the end of the school holidays on households where there has been a case reported in the previous term. It is hoped in this way to reduce the possibility of spread of this condition in the schools.

Vision Teating and Eye Defects

Special clinic at the Eye Hospital

The arrangements have continued whereby a special clinic for school children is held at the Eye Hospital, at which a clerk from the School Health Department attends regularly.

There is no waiting list for examination of new cases, nor for the provision of spectacles. 1570 attendances were made by children from maintained schools at this clinic during the year, and spectacles were prescribed in 453 cases. 130 children are receiving treatment for squint.

Colour Vision

Tests for colour vision using the Ishihara Charts, continued to be carried out on all children in the 10—11 year age group. Out of 1,326 children examined, 26 boys and 1 girl were found to have some degree of colour blindness, mostly slight. In addition to the 10—11 year age group, isolated children such as those about to enter the services, who had not previously been examined, were tested, and 3 further boys were found to have defects in colour vision.

During the past six years, 7,521 children between 10 and 11 years have been tested; and 119 boys and 3 girls have been found to have some degree of colour blindness (the majority being red-green colour blindness). If it is assumed that the sexes were evenly distributed the incidence in boys and girls is 3.8% and 0.07% respectively.

Audiometry

In 1954 routine testing with the pure tone audiometer has continued. Its value has been demonstrated particularly in cases where it was difficult to distinguish between backwardness and hearing loss as a primary cause of a child's disability. Children, as in previous years, were mainly school entrants. In 1952 and 1953 only 32 out of a total of 1,300 were specially

referred by school doctors, parents and head teachers, while in 1954, the comparable figure was 72 out of a total of 2,095 children examined. It is interesting to note that in 1952 and 1953, 21 of the 32 children were felt to need further investigation and in 1954, 22 out of 72 were referred to the Ear, Nose and Throat Department, and a further 8 were placed under observation.

Of the 66 children referred to the Ear, Nose and Throat Department in 1952 and 1953 and found to have a degree of hearing loss, 33 had, by September 1954, hearing within normal limits after treatment. In 1952 and 1953, 6 of the children had hearing losses sufficient to be classified as partially deaf, while in 1954 the corresponding number was 5. In the case of only one child in this group has it been necessary to make provision for a residential school.

The results in 1954 can be summarised as follows—2,095 children were examined and of the 320 who failed, 116 were referred direct to the Ear, Nose and Throat Department of the United Oxford Hospitals. After examination and retesting at the school minor ailment clinics, a further 29 children were referred to the Ear, Nose and Throat Department. Of this total of 145 children referred to the Radcliffe Infirmary for Consultant opinion, 115 were found to have a definite hearing loss, 12 were found to have hearing within normal limits, 10 failed to attend and 8 are waiting for an appointment. In the cases of the 115 children found to have a degree of deafness, the following treatment was recommended by the Consultant Otolaryngologist:—

Removal of adenoids	22
Removal of adenoids and bilateral antrum punctures and washouts	14
Removal of tonsils and adenoids	29
Removal of tonsils and adenoids and bilateral antrum punctures and washouts	10
Bilateral antrum punctures and washouts	5
Eustachian inflation	2
To have nasal drops and review later	6
Wax removed and review later	1
Daily penicillin treatment	2
Mastoidectomy	2
Radiological investigation	2
To have hearing aid	3

In addition one child was found to have nerve deafness. In the cases of 17 children, no treatment was recommended but they will be kept under observation.

Once again it is pleasing to record the accuracy of ascertainment with this instrument and the co-operation of members of the teaching staff in referring children other than entrants whose hearing was suspected of being defective.

The instrument was demonstrated in June to a group of students on a course arranged by Professor and Mrs. Ewing and sponsored by the British Council. Various other observers mostly from local education authorities have been given demonstrations by school medical officers using the instrument in routine sessions.

Ear, Nose and Throat Defects

Special Clinic at the Radcliffe Infirmary

This clinic has continued its valuable work especially in connection with the follow up of audiometric tests. The Senior Clerk in the School Health Department has continued to attend the sessions, at which school children attend, and the results of the Surgeon's examination, recommendation and treatment are recorded on the school medical cards.

There is no problem in the City of Oxford with regard to waiting list for children requiring removal of tonsils and/or adenoids.

Any child who is felt to require urgent removal of tonsils and/or adenoids, is placed in a special category and the operation is carried out within a few weeks.

The routine operating work of the Ear, Nose and Throat Department is concentrated in the period between April 1st and November 30th. Non-urgent cases, seen in December, January, February, and March, are operated upon as soon as possible after the first of April and by November 30th the entire waiting list is liquidated. No child has to wait more than six months for admission to hospital.

Attendances of City children at the E.N.T. Clinic

	1951	1952	1953	1954
New Cases	458	347	508	445
Old Cases	247	372	564	679
Number recommended for operative treatment	390	269	423	375
Number recommended for other forms of treatment	181	173	321	235
No treatment advised	134	277	351	529

The numbers of City children who received operative treatment were as follows:—

Tonsils and adenoids	294	256	388	361
Diseases of the ear	7	5	6	7
Other operative treatment	66	63	74	77

Minor Ailment Clinics

The fall in first attendances noted in previous years has continued and this year's total of 2,689 is 414 fewer than in 1953.

Disease or Defect (1)	1952 Number of Attendances First (2)	1952 Number of Attendances Second and Subsequent (3)	1953 Number of Attendances First (2)	1953 Number of Attendances Second and Subsequent (3)	1954 Number of Attendances First (2)	1954 Number of Attendances Second and Subsequent (3)
Skin:—						
Ringworm—Head	10	51	6	14	2	26
Ringworm—Body	4	10	3	9	6	5
Verminous Head	226	315	180	93	144	55
Scabies	13	40	14	24	20	27
Impetigo	71	126	51	77	88	82
Other Skin Diseases	212	120	220	105	264	162
Lung Diseases	3	—	4	2	2	1
Heart Diseases	2	—	1	—	2	—
Ear Diseases	114	38	139	21	115	47
Nose and Throat Diseases	109	15	114	20	75	6
Eye Diseases (external and other)	445	185	290	175	272	115
Orthopædic (Posture, Flat Foot and other) ..	54	54	76	14	176	9
Nervous System (Epilepsy or other)	2	—	—	1	—	—
Psychological (Development or Stability) ..	7	1	11	6	6	—
Developmental (Hernia or other)	7	1	3	—	—	—
Miscellaneous (Minor Injuries, Sores, Chilblains, etc.)	2411	3998	1991	3605	1617	3579
TOTAL	3700	4954	3103	4166	2689	4114

An attempt has been made to analyse the very large miscellaneous group in the total and the results are as follows:—

	New	*Old*	*Total*
Minor Injuries	909	564	1473
Warts	252	2892	3144
Employment Examinations	217	—	217
Other examinations (student, referrals from school medical inspections, casuals, etc.) ..	239	123	362
	1617	3579	5196

During the year the Headington Clinic was transferred from Margaret Road to Bury Knowle, thus making possible a conversion of the former clinic building into a dental unit.

Remedial Exercises

It is possible to review, in perspective, the scheme proposed two years ago for the more efficient discharge of children, who were either cured or who had derived all possible benefit from a course of remedial exercises before their next school medical inspection was due. Previous to the scheme, these particular children were sent with a covering note to the school doctor at minor ailment clinics which are seldom on school premises. Inevitably, there was then a lapse of some weeks before another child requiring treatment could commence his exercises. During this interim period, the official procedure was to notify the Head Teacher, the respective parents and the School Health Department of the special visit to the minor ailment clinic, to receive the doctor's report, and then, if it was agreed that the child should be discharged, to arrange for the vacancy to be offered to a new case.

In the new scheme, if the child is considered by the Medical Gymnast fit to leave, his or her name is entered on a list of cases for observation and is then brought before the doctor when he next visits the school.

In deducing the advantages of this scheme it is found to favour:—

(*a*) the school doctor by making it possible for children to be reviewed during routine medical inspection sessions.

(*b*) the school by obviating the necessity of sending the child to a minor ailment clinic.

(*c*) the medical gymnasts by simplifying the organisation and efficiency of clinics.

(*d*) the child in question by:—

(i) preventing unnecessary absence from the class room.

(ii) providing him with added incentive to improve.

The congestion at Headington, reported as relieved last year, has been further relieved by the use of the excellent facilities at the Bury Knowle

Park Clinic. Remedial classes were commenced at Bayswater Secondary Modern School during the summer term and the waiting list at New Marston should soon be alleviated with the use of the large school hall recently made available. The improvement of the premises at the Open Air School is benefiting the children attending remedial classes in several ways. It has been possible to have these children lightly clad, thus allowing both greater freedom of movement and aiding the gymnast in her observation of each child, to teach better relaxation which forms such an essential part in the treatment of children with respiratory defects, and finally there have been fewer absences upsetting the continuity of treatment. Conditions have also been improved for the pupils at the City of Oxford Boys' School with the use of the school hall, and the Infant Welfare Centre at the Slade has now been kindly put at our disposal once a week. For the present, remedials have been discontinued in the Cowley area after the closing down of the unsuitable accommodation on the premises of the Congregational Church, but it is hoped that more satisfactory premises will soon be found. Urgent cases in the area are treated at Donnington and East Oxford Clinics.

The importance of the mother accompanying her child to the first remedial class is now urged. Sometimes her absence can be accounted for (as in the case of mothers in employment), but in view of the importance of the continuity of treatment, the gymnasts are prepared in such cases to see an adult responsible for the child's welfare at some other more convenient time.

Details of the work are shown in tabular form. Treatment described as incomplete refers to those children who have left school or the city before a satisfactory result was obtained.

School or Clinic	*Number under treatment*		*Satisfactory result*	*Treatment refused or incomplete*	*Still on treatment*
	Posture	*Feet*			
Donnington	40	70	32	7	71
Bury Knowle	25	19	22	12	10
Slade Park School	19	11	7	7	16
Rose Hill Schools	37	52	32	11	46
New Marston C. School ..	28	23	19	6	26
New Marston C.E. School ..	7	6	6	4	3
Barton Infant School ..	7	3	3	5	2
Barton Junior School ..	13	12	11	9	5
Bayswater School	17	10	12	5	10
East Oxford	70	42	40	20	52
SS. Mary & John Infant School	3	18	6	12	3
St. Frideswide's Boys' School	3	6	—	—	9
City of Oxford Boys' School..	7	3	5	—	5

School or Clinic	*Number under treatment*		*Satis-factory result*	*Treatment refused or incomplete*	*Still on treat-ment*
	Posture	*Feet*			
West Oxford Infant School ..	2	10	4	3	5
West Oxford Girls' School ..	9	15	11	—	13
Walton Street	21	21	15	1	26
Cowley	22	17	10	2	27
Summertown Infant School..	6	4	4	1	5
Summertown Mixed School ..	16	16	14	2	16.
South Oxford Infant School..	10	13	12	5	6
South Oxford Jnr. & Sec. Schools	11	20	17	3	11
Headington	22	40	28	5	29
	395	431	310	120	396

Handicapped Children

(*a*) Blind Pupils; that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

3 children are at residential schools—one at Lickey Grange School, one at the Sunshine Home, Abbotskerswell, and one at the Sunshine Home, Leamington Spa.

The backward child who failed to settle down at the Sunshine Home, Leamington Spa in 1953 and who made excellent progress at the Occupation Centre, was re-admitted to the Sunshine Home on May 1st.

No further case of retrolental fibroplasia has been reported during the year.

(*b*) Partially Sighted Pupils: that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight.

8 children—three children are at residential schools—one boy at Blatchingdon Court, Brighton, and two girls at the Barclay School, Ascot.

Four children have been supplied with spectacles, and, with the kind co-operation of head teachers, have been allowed to sit in the front row of their classes.

The remaining child, who is four years old, is disturbed and backward. Efforts are being made to obtain a place for him in a residential school.

(*c*) Deaf Pupils: that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Six children—five children are at residential schools—two at the Royal School for the Deaf, Birmingham, one at the Royal West of England School for the Deaf, Exeter, one at Donnington Lodge, Newbury, and one at the Beechcroft School, London.

One child, aged three years, is waiting for a vacancy at Donnington Lodge, Newbury.

A girl who left the Mary Hare Grammar School, Newbury, where she was head girl, is now being trained in Oxford for work as a laboratory technician.

(*d*) Partially Deaf Pupils: that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

25 children—three attend special residential schools—two at the Beechcroft Residential School, London, and one at the Royal School for the Deaf, Birmingham.

10 children who have been supplied with hearing aids, and 12 who sit in the front row of class, attend ordinary schools.

The number of partially deaf children remains much the same as in 1953. I regret to report that the facts concerning the child with a severe hearing loss, who it is considered can only be properly educated in a residential school, remain as in 1953. The child is still attending an independent school which is not recognised as being suitable for the education of handicapped children.

(*e*) Educationally Sub-Normal Pupils: that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

13 children are at residential schools for educationally sub-normal children—4 at Wood Eaton Manor School, Oxon; 3 at Besford Court, Worcester; 1 at All Souls, Hillingdon; 2 at Sir Thomas More's School, East Allington, Devon; 2 at St. Francis School, Monyhull; and one at Knotty Green School, Beaconsfield.

17 are attending special classes in ordinary schools and 9 are attending the Occupation Centre. The problem of the children aged between 5 and 7 years who are so retarded in mental development that they are unable to benefit from the routine of a normal infant school remains unsolved but it is hoped to build an extension to Slade Park School in 1955 to accommodate this group.

During the year, 75 children were examined by the Approved Medical Officers, Dr. Skone, Dr. O'Donnell, Dr. Coulter and Dr .Anscombe; 13 of these children were reported to the Local Health Authority either under Section 57 (3) or 57 (5) of the Education Act, 1944.

Slade Park School

Continued progress was made in this school's development during 1954. A further assistant teacher was appointed during the year and the total number of children on roll on December 31st was 79. It is hoped that during 1955, a Medway Unit containing two class rooms, each of which will accommodate 20 children, will be built as an extention to the main building. Thus it will be possible to free the hall from use as a class room and also to admit a group of 20 backward children between the ages of 5 and 7 years who are now attending either nursery schools although over age, infant schools or the Occupation Centre under informal arrangements. The total possible places in the school will then be 100. An unsatisfactory feature of the school premises has been the lack of a proper playground and the extra cleaning work throughout the winter can readily be imagined. This situation is also detrimental to the cleanliness of the children.

The school's varied activities have continued during the year and approval has been given for a school club to be commenced early in 1955. Initially it will take place on one evening a week between 4—6 p.m., members of the school staff sharing duties on a rota basis. It is hoped that the activities provided will include woodwork, country dancing, weaving and table tennis. It will give these children some experience of leisure activities to which they may be attracted on leaving school. About 20 children will be going to camp in July, 1955.

The close contact between the Headmaster, Staff and the School Health Department has continued. Regular remedial exercises and speech therapy sessions have been held throughout the year and a good relationship has been established between therapists and parents.

Since the school opened towards the end of 1951, 12 children have left on reaching the age of sixteen years. It is interesting to see that all of these children are earning standard rates for employment and only one child is known to have changed his job since leaving. Employment was obtained quickly, the longest period on leaving school before finding work being six weeks and this was a most exceptional case. Employers on the whole have been very sympathetic towards these children and have welcomed the interest of the Headmaster, who has visited each child regularly and talked to the foreman in charge of the work the child has been doing. Generally speaking these children do not take part in team work but have been found to be reliable when doing individual duties, thus continuing one of the aims of the school in allowing children to work at their own pace.

The employment record of the leavers is summarised below:—

Sex	*Latest reported I.Q.*	*Date of commencement of employment*	*Type of employment*
F.	63	May, 1953	Cake manufacture.
F.	59	May, 1953	Book binding.

Sex	*Latest reported I.Q.*	*Date of commencement of employment*	*Type of employment*
F.	57	July, 1953	Canteen worker.
M.	62	August, 1953	Pantry boy.
M.	63	January, 1954	1. Boat repairer. 2. Brewery worker.
F.	63	March, 1954	Laundry worker.
F.	69	April, 1954	Cake manufacture.
F.	62	April, 1954	Cake manufacture.
M.	74	May, 1954	Kitchen worker.
F.	61	August, 1954	Assistant in Educational Stationery firm.
M.	67	August, 1954	Cycle repairer.
M.	57	January, 1955	Machine operator.

(*f*) Epileptic Pupils: that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

One girl suffering from a minor form of epilepsy attends the Open Air Day Special School and a second girl who has had major attacks is at the Lingfield Epileptic Colony, Surrey.

A number of children suffering from slight and only occasional manifestations of epilepsy attend ordinary primary and secondary schools. Two such cases were brought to light because of the observation of class teachers.

(*g*) Maladjusted Pupils: that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

6 children are in residential schools—2 at Walton Elm School, and one at each of the following—West Preston Manor School; St. Brandon's School, Clevedon; Redhill School; and Rostrevor, Northampton. 2 children are at the Bodicote Lawn Hostel and attend ordinary schools in the district.

42 children attended the Northern House Day Special School and one child is attending an ordinary school waiting for a vacancy at a residential school.

Child Guidance Clinic

Report submitted by Dr. R. G. McInnes and Dr. V. L. Kahan

1954 has seen a broad continuation of the pattern of work that has been customary since 1950 when the Regional Hospital Board joined the Oxford City Corporation in the organisation and staffing of the Child Guidance Clinic.

Dr. Kahan has continued as Medical Director throughout the year.

Dr. R. G. McInnes, as Consultant Director, has participated in the child guidance work, particularly on the administrative side and as Chairman of the monthly case reviews. The practice of inviting interested and qualified persons to case reviews, not only to enable them to learn something of the methods employed by child guidance, but also to contribute their views to the case reviews, has been successfully maintained.

Mr. Fish resigned his appointment as Educational Psychologist in the summer, having obtained a clinical appointment in Manchester. This resulted in the absence of a clinical psychologist at the clinic throughout the autumn term. Miss S. Friedmann, Ph.D., who was appointed as psychologist in Mr. Fish's place, took up her appointment just before the end of the school term and had already started effectively to pick up the reins by the end of the year. Miss J. H. Pick has continued in her appointment as Psychiatric Social Worker. Miss Ann Wallace, speech therapist, has conducted a regular speech clinic in conjunction with the Child Guidance Clinic—an activity that has shown the advantages of a child psychiatric service working in close conjunction with speech training.

Even in the absence of a psychologist for approximately $3\frac{1}{2}$ months, the referral rate has continued approximately unchanged, 91 additions being made to the waiting list compared with 96 in 1953.

Although the intake of the clinic slowed down due to the lack of a full-time psychologist for $3\frac{1}{2}$ months, 71 new cases were seen compared with 64 in 1953. This has been in spite of the heavy demands made on clinic time by the case load under active treatment. One session a week has been put in by a registrar from the Warneford Hospital. This has made it possible for Dr. Kahan to continue his outpatient work at the Park Hospital, thus helping to bring closer together child guidance and child psychiatry on a better basis than would be practicable were this type of liaison with outpatient hospital work not possible.

For the greater part of the year, a closer relationship had been developing between the School Medical Service and the Child Guidance Clinic, through the joint psychiatric and paediatric examination of all children referred to the clinic. Like most improvements time is consumed by such an arrangement, but it is a valuable measure which needs to be continued.

The age range of cases has been much the same as in previous years. Early referral is still encouraged and most of our children are seen while still between the ages of 6—9 years, and boys continue to outnumber girls in all age groups.

The grounds for referral continue to show the pattern that it is customary in child guidance work. Reasons for referral are divided under four heads, for the sake of administrative and elucidatory convenience, but it must be emphasised that it is often almost a matter of chance as to whether the final form of referral comes under one heading or another. It is rare for one type of problem to be present without manifestation of

others, and they are all in effect differing aspects of a basically disturbed personality which may present in one field more forcibly than others. 39 cases of behaviour disorders were seen, since difficult aggressive attitudes loom large in the minds of the referring agencies on account of their nuisance value.

Nervous disorders and habit disorders, 36 in number, are combined in this report, inasmuch as they both frequently have medical connotations, and are even more closely linked than the other classes.

Educational difficulties account for only 16 cases out of a total of 91, but are in effect cases of maladjustment of personality even though they were first brought to attention through the educational sphere.

There has been a slight rise in the number of cases referred from the Children's Department. This is encouraging, as during the year the clinic staff—the Medical Director, the Psychologist and the Psychiatric Social Worker—have given a series of 12 lecture-discussions to the Homes, field workers, and administrative staffs of the City Children's Department. It is to be expected that greater information is likely to lead, for the time being, to an increased referral rate, to be followed by more informed management of borderline disturbed children, and eventually fewer referrals to the child guidance clinic. It is realised by those working in the Children's Department that many of their children have disturbed personalities, and it is of great importance that those who are most likely to respond to the ordinary management that they receive while in care, should receive attention appropriate to their needs.

The number of patients referred by hospitals and family doctors remains almost the same. The cases that have been referred have been in more urgent need of help. Whereas previously it had occasionally been felt that cases were referred as a last resort, during 1954 the majority of those seen had elements in their difficulties, both physical and mental, that made them particularly suitable for the child psychiatric approach within the child guidance field.

Four years ago it was mentioned in the annual report that 72% of children referred to the clinic had both parents living at home. This was interesting as at that time, still relatively close to the end of the war, it seemed that the Child Guidance Clinics might only have been feeling the aftermath of the disturbed times that had just been passed through. Although no figures have been obtained for 1954, the clinical impression is that an even smaller proportion of the cases seen were members of broken homes. During the acute stage of the housing difficulty, which is only now being gradually overcome, there was much ill-informed belief that rehousing would lead to a diminution in the case referrals. This has not been so, as the problems underlying cases needing child guidance assistance have their roots deeply in the field of inter-personal relationships, especially between the child and its parents.

By the end of the year the waiting list was 51. This number is manage-

able provided that not all are similarly urgent, and that a fair proportion of them will require diagnostic sessions only, and can then be appropriately transferred to other agencies. It is however, close to the point when the waiting lists will lead to too long a wait for fully satisfactory management of the child and its parents.

Northern House School has continued to play an important role in the management of emotionally disturbed children. It has made it possible to deal with children whose emotional disturbances are such that they were failing educationally or were socially unmanageable in the ordinary primary school, without having to remove them from home, and to find special boarding placement. Regularly weekly conferences with the staff have been held. These have consisted of discussion of two children each week. The children were examined prior to the conference, and current home reports obtained. Special tests were done, as required, by the Educational Psychologist. Such a procedure is time-consuming and occupies the equivalent of one session a week. It is, however, time well spent, not only for the sake of the children who are under continuous review, but also for the teacher and clinic staff. It ensures that active clinic cases receive appropriate measures for their rehabilitation. This has led to closer management of the child through the school, and home, than is ordinarily possible in the management of maladjusted children.

Northern House School employs still further clinic time as each term at a joint case review every child at Northern House School is checked in the fields of social behaviour, attitude to work, and progress. This involves the consideration of some 45 pupils.

In addition to the above procedures, a follow up of all recent leavers to secondary modern schools has been maintained. This first involves each child being interviewed at the clinic, one term after leaving. This examination is enriched by a school report from the Head Teacher and a home report or interview of parents at the time of the examination. If the situation is satisfactory, a further review is done a year later. If not, active measures to help the children are taken. It is satisfactory to be able to report that the great majority of the children have done well, only a small number having made an unsatisfactory adjustment to the more robust life of a secondary modern school, and there have been no children who had to be withdrawn on account of not being able to make the grade. The numbers involved in these follow up techniques are approximately 30 interviews each school year.

In conclusion, it is important to emphasise that much child guidance work consists of dealing with the child's problems in relation to its place in the family. Although there may be basic elements in the child which make him a problem in his own right, it is the breakdown of the necessary good relationships between parents and child that lead to the development of problems such as those requiring help from Child Guidance and the special agencies in conjunction with it.

Two matters of importance arise from this. The first is that the child is but half the case. The family situation comprises the other. Thus each new case is in fact two. Psychiatric examination of the child is often a lengthy proceeding as problems serious enough to warrant child guidance management are not always seen in all their aspects at a superficial examination. Time is also required to assess the parental attitudes to the child, and the attitudes which they bring to bear in the management of their affairs as far as they affect their children. Thus each new case can almost be regarded as two, first the patient, and secondly its parents or guardians. In addition, the attitude of the child to school, and the school's reaction to the child requires consideration. It is for these reasons, in particular, that the services of Psychiatric Social Worker and clinical psychologist are of the highest importance, in child guidance. The Psychiatric Social Worker in particular, has an extended role in child guidance. In the last year Miss Pick has held 421 parent interviews at the clinic in the course of routine child guidance management of open cases. She has made 395 home visits many of which comprise evening work, the parents being either at work or not available during the day.

During the year 65 cases were closed. Of these 29 improved to the point that their symptoms disappeared and they developed healthy and competent capacity to deal with day to day life. 13 cases were for diagnostic purposes only, and some were not disturbed children requiring treatment. Others were transferred to other agencies that were more appropriate to deal with the types of problem that they were showing. 8 left the district, or left school, and thus passed out of the reach of the clinic. It can be said that none left worse than before they attended. This leaves a residuum of 15 cases in which parents were unco-operative. There are many reasons on the parents' part, as to why they find themselves unable to continue child guidance treatment for their children. They differ greatly one from another. They include all types of adult personality, from the goodhearted, easy-going parent at one end of the scale, who sees no real problem but wants reassurance—to parents who are so aggressive that they are unable to admit that there may be anything wrong with their management, or with the qualities of their child that can in any way be due to circumstances over which they have any control. Between these extremes are those whose coming to the clinic in the first place was mistaken, e.g., parents who wrongly believe that something material could be gained for them when all other channels had failed. It is always regrettable, when cases have to be closed because prolonged efforts by the psychiatrist and the social worker, have been unable to make any impression on parents either to harden on the one hand, or soften on the other, their attitudes regarding their children.

As in all areas where child guidance clinics are actively at work, the activities of the clinic do not stop at the treatment of cases referred to it. There is invariably an additional demand for didactic and preventive

work. In the case of the Oxford City Child Guidance Clinic, requests to address informal meetings concerned with the management of young children, are not infrequent, and Local Authority demands are also made. On the directly didactic side, child guidance in its psychiatric and social work aspects is demanded both for the training course for District Nurses, and the University Delegacy for Social Training. These activities are expanding and whereas in the past a lecture briefly describing the scope of child guidance was sufficient to satisfy students, in 1954 this has not been enough, and more detailed information regarding the causes, prevention and treatment of mental disturbance in children, has been demanded. Child Guidance since its inception has always been a spearhead of knowledge and information and has been concerned with current methods of management of children, and the prevention of mental ill-health.

Oxford has by no means been backward in offering these services. Whereas in the past, other agencies were not always ready to avail themselves of this source of information, there has been a marked change in the last year. This work has made increased demands on the time of the child guidance staff, but is so important that it must be persevered with, and even expanded if there is evidence of a real need.

In conclusion attention must be drawn to the ready co-operation of the Child Guidance Clinic staff during the year. Throughout this time the first consideration has been the welfare of the patients, and at no time have members of the staff allowed formal working hours to interfere with the carrying out of their duties.

Statistical Tables

I. *Cases during the year*

Number of open cases, January 1st 1954	249	
New cases taken on for treatment	71	
Reopened cases	3	
Cases transferred from County Child Guidance Clinic..	1	
	——	324
Cases closed		65
		——
Number of open cases January 1st 1955		259

II. *Waiting List*

January 1st 1954	56	
New cases added	94	
	——	150
New cases seen 1954	71	
Cases removed from waiting list..	28	
	——	99
Waiting list for January 1st 1955		51

III. *Review of cases*

A. *Sources of Referral*

(i) School Medical Officer (including speech therapist via S.M.O.)	30
(ii) Head Teachers and Educational Psychologist	34
(iii) Hospitals and private doctors	8
(iv) Parents	14
(v) Courts and Children's Committee	5
	91

B. *Reasons for Referral*

(i) Nervous disorders, fears, obsessions, etc.	14
(ii) Habit disorders and physical symptoms	22
(iii) Behaviour disorders	39
(iv) Educational difficulties	16
	91

C. *Cases closed*

Improved	29
Transferred to other agencies	7
Diagnostic only	6
Parents unco-operative	15
Left district	4
Educational problems—left school	4
	65

D. *Placements*

Northern House School	18
Residential hostels and maladjusted schools	2
Transferred from Northern House School to ordinary schools	11
Transferred from Northern House School to Residential Hostel	1

(*h*) Physically Handicapped Pupils: that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

5 children are in residential schools—three at the Lord Mayor Treloar College, one at St. Loyes College, Exeter, and one at the Heritage Craft School, Chailey.

One child is attending an independent nursery school.

Five other physically handicapped children are attending ordinary schools, part-time or full-time. Three children are having home tuition.

Wingfield-Morris Orthopaedic Hospital School

As a part of the School Health service, arrangements were made to include those children attending the Special School at the Wingfield-Morris Orthopaedic Hospital in routine vision and audiometer testing. It was felt that such a measure might be of particular benefit to the long term case and especially so, where steptomycin was an essential part of treatment.

Children with visual and/or hearing defects were, therefore, listed with special regard to their possible date of discharge; those likely to be discharged within a few weeks were referred to the appropriate local authority for further investigation, whilst those requiring longer hospitalisation were referred either to the Department of Otolaryngology at the Radcliffe Infirmary or to the Eye Hospital.

Of the 59 children examined the following defects were found:—

Vision

Total number of defects—10.
Visual acuity—8. Referred to Eye Hospital—4.
Referred to L.E.A.—4.
Colour Blind—2. Referred to L.E.A.—2.

Hearing

Total number with hearing loss—5.
Referred to E.N.T. Department—1.
Referred to L.E.A.—4.

Children suffering from Cerebral Palsy

There are 25 children aged two years and over who are known to be suffering from cerebral palsy. 14 of them attend ordinary primary or secondary schools, 13 full-time and one part-time.

One child is attending an independent nursery school. Two attend the Open Air School, one, who is deaf, attends the Royal School for the Deaf, Birmingham, and one, who is educationally sub-normal attends the day special school at Slade Park. Two attend the Occupation Centre, one of them suffering from hemiplegia, is ineducable and has been reported under Section 57 (3) of the Education Act, 1944, and the other who is seven years old, is attending under informal arrangements.

Four are aged less than 5 years and it is hoped that one of them will be able to start in a nursery school early in 1955.

Speech therapy has been arranged for four children and a number are attending the Department of Physical Medicine at the Churchill Hospital.

Suggestions have been put forward for the setting up of a special

spastic unit or centre where both educational and remedial treatment, e.g. physiotherapy and speech therapy, could be provided. There does not appear to be a need for such a centre for Oxford children although two might be suitably placed in such a unit and two others might possibly benefit from such facilities.

The two children considered suitable are a boy, aged 10, who is now attending a primary school part-time and whilst there has the advantage of a period of absolutely individual attention, and a boy, aged 8, who is educationally subnormal and has a hearing defect in addition to cerebral palsy.

One of the children who might possibly benefit from attendance, is the boy, aged 7, mentioned previously who is attending the Occupation Centre informally and has been seen by Miss Dunsdon, the Senior Research Psychologist at the Burden Mental Research Department, Bristol, who feels that he might fit in the lower range of the educationally subnormal group at Slade Park School in 2—3 years' time. His latest I.Q. result is 35. The other child is a boy, aged 7, who is attending an independent nursery school. He is backward, and is receiving therapy for a speech defect. It is thought that he might be better placed in a day special school for educationally subnormal children.

Contact is maintained with the Oxfordshire Parents' Association which is linked to the National Spastic Society.

Home Teaching

Six children have received home teaching during the year. One has progressive muscular disease, a second suffers from cerebral palsy and it was possible towards the end of the year, to make arrangements for him to attend an infant school part-time. A third child had been coming home for short periods during a series of plastic operations for severe burns and he was able to enter an independent school later. A fourth child has multiple congenital deformities to such a degree that it has not yet been possible to consider him for residential schooling, efforts are being made by the Occupational Therapy staff of both the local health authority and the Churchill Hospital to help him by means of appliances to feed himself. Two other children, convalescing from nephritis and rheumatic heart disease respectively were given teaching for periods during the year.

It is a pleasure once again to express thanks to the British Red Cross Society for arranging a summer holiday by the sea for some of these children and for organising social functions where parents and children can meet and discuss problems.

(*i*) Pupils suffering from Speech Defect: that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Report submitted by Miss C. E. Renfrew, the Chief Speech Therapist, United Oxford Hospitals.

Number of patients

Under weekly treatment, 1st January, 1954	34
New cases referred during 1954	61
Discharged during 1954	23
Under weekly treatment, 31st December, 1954	44
On waiting list, 31st December, 1954	5
Under regular supervision, 1st January, 1954	20
Under regular supervision, 31st December, 1954	63
Total number of patients treated, examined and reviewed during 1954	132

Reasons for referral

Dyslalia (Disorder of Articulation or Retarded Speech Development)	84
Dysarthria (as a result of Cerebral Palsy)	4
Stammer	33
Cleft Palate and Allied Conditions	11
	132

Result of treatment and disposal

Discharged, Speech normal	20
Discharged, Improved to optimum	1
Discharged, Attendance irregular	2
Still under treatment—weekly	44
Still under treatment—regular supervision	63
Referred to Child Guidance Clinic	2
	132

This has been a year of considerable expansion in the speech therapy service to Oxford City Schools. Three new clinics have been opened at Slade Park School, Barton Primary School, and at New Marston Infants' School. The clinic previously held at Margaret Road, Headington, has now been transferred to Bury Knowle Centre, and the one held in East Oxford School Clinic has been temporarily closed as the need was apparently greater in other districts.

Forty-three schools have been visited during the year and the staffs have shown great interest in our work, given us much helpful information, and in many cases have assisted by active co-operation where parents were unable or unwilling to carry out appropriate exercises. As a further result of visiting the schools, it is planned to open two new clinics for the areas of Donnington and around Greyfriars in January 1955.

Although the number of children under regular weekly treatment has

increased by about 30% during the year, it is not amongst that group that the expansion of the service has been particularly organised, but rather amongst those who required regular visits for advice and guidance. The work in this category, termed Regular Supervision, has been mostly done through the parents in suggesting to them how they can help the children themselves. Under this arrangement, children are seen with their parents, at monthly to six monthly intervals, and only when the children require a more technical approach are they seen for weekly treatment. Although this Regular Supervision Scheme has not been productive of dramatic results this year, it is anticipated that the position will improve.

(*j*) Delicate Pupils: that is to say, pupils not falling under any other category in the Regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Two children are at residential schools—one at Hamilton House, Seaford, and the other at the Hillaway Homes, Exmouth. One child is receiving home tuition.

35 children attended the Open Air School.

Open Air School

The number of children on roll at the school on December 31st was 35, compared with 37 the previous year. The number of admissions during the year fell to 11 compared with 17 in 1953 and 13 in 1952.

Admissions during 1954

Of the 11 children admitted during the year, 2 had asthma, 2 had bronchiectasis, 2 had primary tuberculosis, 2 suffered from recurrent respiratory infections and there were single cases of hypopituitarism, spina bifida and cerebral palsy.

Discharges during 1954

10 children were discharged during the year.

Condition	*Number*	*Length of stay in terms*	*Where sent*
Asthma	3	20; 6; 2	2 to ordinary schools. 1 left district.
Primary T.B. ..	2	12; 1	1 to ordinary school. 1 to hospital.
Recurrent respiratory infection	2	4; 2	1 to ordinary school. 1 left district.
Bronchiectasis ..	1	14	To ordinary school.
Poor nutrition ..	1	16	To ordinary school.
Petit mal	1	6	To ordinary school.

Children attending the Open Air School on December 31*st*, 1954

Asthma	9
Convalescent primary T.B.	3
Bronchiectasis	3
Cerebral Palsy	2
Recurrent upper respiratory infection	2
Recurrent otorrhoea and deafness	2
Poor nutrition	2
Recurrent bronchitis	1
Progressive muscular atrophy	1
Hypopituitarism	1
Diabetic	1
Recurrent urinary infection and poor nutrition	1
Congenital heart disease	1
Allergic rhinitis and sinusitis	1
Multiple neurofibromatosis	1
Convalescence after lobectomy (originally admitted for recurrent upper respiratory infections)	1
Severe burns	1
Spina bifida	1
Seborrhoeic dermatitis (temporarily transferred to residential convalescent home)	1

Sources from which children were referred:—

	Total at school Dec. 1954	1954 *Admissions*	1953 *Admissions*
School Medical Officers	20	5	8
Paediatric Department	9	4	3
General practitioners	2	0	3
Chest Clinic	4	2	1

Length of stay of children attending on December 31*st*, 1954

Less than 1 year	10
1—2 years	10
2—3 years	10
3—4 years	1
4—5 years	1
Over 5 years	3

The projected improvements to the Open Air School mentioned in the last year's report were completed by the Spring and the reconstructed buildings were opened in May. While the alterations were being made, classes were held under rather trying conditions, in the recently vacated old Occupation Centre. The surroundings of the Open Air School have always been ideal. Now that the buildings have been so well adapted to

the functions that they are supposed to perform, Oxford has a school for delicate and convalescent children of which it may justifiably feel proud. The provision of two class rooms where previously there was only one; folding glass doors on the garden side of the class rooms (permanently open to the weather before reconstruction); the installation of a heating system; a new room for the headmistress; greatly improved facilities for medical examinations; a staff cloakroom, and fresh decoration throughout have brought the amenities of the school more nearly to those expected of contemporary school construction.

As might be expected most of the children at the school are there because of disorders of the respiratory tract, these being the condition most likely to benefit from a fresh air regime. At the end of 1954, of 35 children at the school, 20 suffered from respiratory disease, 9 of these from asthma. After a year or two most of the asthmatics improve sufficiently to be transferred to ordinary schools. A few of them, unfortunately, cause continued anxiety and may even deteriorate in spite of all care and hospital supervision. Breathing exercises, so valuable in aiding normal chest development in most of the asthmatics may be disappointing if not started until chest deformity has already occurred. Hence the importance of keeping asthmatic children under constant supervision from the earliest possible age. The four children who have been at the school for more than four years all have asthma. It is likely that three of them will be able to return to ordinary schools after Easter.

Attention has been drawn to the fact that attendances at the school have been little better since the return to the improved accommodation. This is due mainly to the not infrequent absences of the younger and more delicate children now admitted.

Medical examination of all the children is carried out every term, the medical officer attending weekly for this purpose. Miss Flint has continued to hold weekly classes for remedial exercises.

Deaths of School Children

Four children of school age died during the year.

A boy, aged 7 years, succumbed to lipo-sarcoma, a rare malignant disease. The other three children, all boys, died as a result of accidents. One, aged 14 years, was drowned, and the other two, aged 7 and 14 years respectively, sustained fractured skulls. The younger boy sustained his injuries while climbing on railings, and the other, was knocked down by a motor car, when pushing his bicycle.

Sleep of School Children

For a month (June/July) during the Summer term, school medical officers kept records of the stated time of going to bed of children in different age groups and the results are as follows:—

Age Group	*Time of going to bed*									
	6— 6.30	6.30 —7	7— 7.30	7.30 —8	8— 8.30	8.30 —9	9— 9.30	9.30 —10	10— 10.30	Later
13—14 years				1	4	33	54	25	16	2
10—11 years	2	1	15	40	93	56	43	13	6	
5 years	42	70	132	92	44	15	7	1	2	
$2\frac{1}{2}$—5 years	23	41	28	14	5	2				

I think it would be reasonable to expect 13—14 year olds to be in bed by 9 p.m.; 10—11 year olds by 8 p.m.; 5 year olds by 7 p.m. and children of nursery school age by 6.30 p.m. The following table shows the number of children in each age group going to bed later than is considered desirable.

Age Group	*Number of Children seen*	*Number going to bed too late*	
13—14 years	135	97	(71.7%)
10—11 years	269	211	(78.4%)
5 years	405	293	(72.3%)
$2\frac{1}{2}$—5 years	113	90	(79.6%)
	922	691	(76%)

Expressed in a different way, the problem is seen more clearly in this second table which refers to children of all ages.

Children going to bed				
On Time	*Late*			
	Up to $\frac{1}{2}$ hour	*$\frac{1}{2}$—1 hour*	*1—$1\frac{1}{2}$ hour*	*Over $1\frac{1}{2}$ hours*
24%	35%	22%	13%	6%

Judged by this sample about three-quarters of Oxford school children are going to bed too late and in many cases not just half an hour late but one hour or even more than two hours after the desirable bedtime for their age. Such children cannot be having enough sleep with consequent detriment to their health and education. The enquiry was undertaken during the summer when the evenings are light but children require just as much sleep at this time of the year as in the winter.

Warts

During 1954 a suggestion that plantar warts may recently have become more common prompted an investigation into their incidence in Oxford school children and a comparison of the epidemiology of plantar warts and warts in other sites.

An examination was made of all the minor ailment clinic record cards available and the results can be summarised as follows:—

	Boys	*Girls*
Plantar Warts	70	185
Other Sites	450	484

It is seen that girls experience plantar warts more than twice as often as boys, whereas other warts occur with equal frequency in the two sexes. The higher incidence of plantar warts in girls has been noted by other observers.

It was shown that, although the incidence of plantar warts in school children had remained remarkably constant, the incidence of other warts has tended to fluctuate and has shown a significant decline during the past three years.

Of great interest were the findings of the incidence of warts at different ages:—

Incidence of Plantar Warts

	Ages			
	5—9	10—12	10—13	10—14
1953—1954	11	40	50	53
1952—1953	8	42	55	
1951—1952	10	34		
Total for 3 years	29	116		

Incidence of Other Warts

	Ages			
	5—9	10—12	10—13	10—14
1953—1954	70	58	67	79
1952—1953	94	75	96	
1951—1952	98	81		
Total for 3 years	262	214		

Plantar warts claim most of their victims after the age of ten years, and in 1953—1954 the age group 10—14 experienced plantar warts nearly five times as often as the age group 5—9. Warts in other sites occurred with about equal frequency in the two groups.

There was no significant difference between the number of attendances required for the cure of plantar warts and other warts. Nearly 70% were cured or otherwise disposed of in 10 or less attendances.

The incidence of plantar warts appears to be slightly greater in the three month periods following the Easter and Summer holidays than in the three months after Christmas. Increased use of the swimming pools during the warmer weather may account for this, or it may be that increased warmth and sweating makes the plantar epilthelium more vulnerable to the infective agent.

No single form of treatment, apart from local X-ray therapy in the case of plantar warts, appeared to produce immediate results. It was decided to refer children with persistent or painful plantar warts to the Radiotherapy Department at the Churchill Hospital. In other cases parents are advised on how to treat the warts at home, and children are discouraged from attending clinics too frequently.

An attempt was made in a girls' school to determine the incidence of warts. All the girls (164) were seen and 11 were found to have warts, (3 plantar, 7 other sites and 1 both plantar and other warts). 33 children said they had previously suffered from warts (17 plantar; 17 other sites). Thus it will be seen that 44 girls (26.8%) were found to be suffering from, or to have suffered from warts.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER—C. H. I. MILLAR, L.D.S.

Continued shortage of dental officers has, once again, seriously handicapped the work of the School Dental Service. Only two clinics, at St. Aldates and at Donnington, have operated fully throughout the year, while the East Oxford Clinic has been open for four sessions each week during the school terms. In the circumstances, the figures for conservative treatment are remarkably high and reflect great credit on the staff of the Service.

Another dental officer has been appointed and will commence duties in the New Year at the clinic in Margaret Road, which will thenceforth provide regular facilities for children attending schools in the Headington area of the City.

PRIMARY SCHOOLS

Inspection and Treatment

7 schools were visited. Of 1,570 boys and girls examined, 1,159 were found to need dental treatment. 63% of those referred for treatment accepted.

Particulars of Inspections and Treatment

1. Number of children:—
   (*a*) Inspected 1,570
   (*b*) Found to require treatment 1,159
   (*c*) Actually treated (including special cases) 1,552
2. Half-days devoted to:—
   Inspections: 6. Treatment : 677. Total: 683.
3. Attendances made for treatment: 3,863.
4. Fillings:—
   Permanent teeth: 1,701. Temporary teeth: 1,054. Total: 2,755.

5. Extractions:—
   Permanent teeth: 251. Temporary teeth: 1,389. Total: 1,640.
   16 of the 251 permanent teeth mentioned above were extracted for orthodontic purposes.
6. Administration of General Anaesthetics: 86.
7. Administration of Local Anaesthetics: 1,262.
8. Other operations:—
   Permanent teeth: 667. Temporary teeth: 931. Total: 1,598.
9. Partial dentures fitted: 14.
10. Regulation of teeth:—
    11 patients were under treatment during the year, and 9 appliances were fitted.

Inspection of Primary Schools, 1954

School	*No. Insp.*	*Sound Mouths*	*Refused*	*Own Dentist*	*Accpt.*	*% Accpt.*
Headington Infants ..	228	95	4	50	79	59
St. Ebbe's C.E.	76	14	4	10	48	77
St. Christopher's Jnr. ..	328	47	—	151	130	46
St. Christopher's Inf. ..	266	67	—	86	113	57
St. Joseph's R.C.	267	47	—	53	167	76
South Oxford Junior ..	270	109	18	35	108	67
St. Barnabas Mixed ..	135	32	7	14	82	80
Total	1570	411	33	399	727	63

SECONDARY SCHOOLS

Inspection and Treatment

4 schools were visited. Of 1,207 boys and girls examined, 886 were found to need dental treatment. 27% had naturally or artificially sound teeth. Of those referred for treatment 61% accepted.

Particulars of Inspections and Treatment

1. Number of boys and girls:—
   (*a*) Inspected 1,207
   (*b*) Found to require treatment 886
   (*c*) Actually treated 537
2. Half-days devoted to:—
   Inspections: 6. Treatment: 371. Total: 377.
3. Attendances made for treatment: 2,502.
4. Fillings:
   Permanent teeth: 2,379. Temporary teeth: 6. Total: 2,385.
5. Extractions:—
   Permanent teeth: 370. Temporary teeth: 88. Total: 458.
   53 of the 370 permanent teeth mentioned above were extracted for orthodontic purposes.
6. Administration of General Anaesthetics: 6.
7. Administration of Local Anaesthetics: 597.
8. Other operations:—
   Permanent teeth: 875. Temporary teeth: 0. Total: 875.

9. Partial dentures fitted: 11.
10. Regulation of teeth:
    13 patients were under treatment during the year, and 11 appliances were fitted.

Inspection of Secondary Schools, 1954

School	*No. Insp.*	*Sound Mouths.*	*Refused*	*Own Dentist*	*Accpt.*	*% Accpt.*
South Oxford	214	36	6	27	145	81
Milham Ford Girls'	315	82	—	139	94	40
Central Girls'..	254	114	—	56	84	60
Temple Cowley	424	89	22	99	214	64
Total	1207	321	28	321	537	61

WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL

Two visits were paid to the Hospital during the year.

Particulars of Work

1. Number of children treated 14
2. Number of attendances 14
3. Fillings:—
   Permanent teeth: nil. Deciduous teeth: nil. Total: nil.
4. Extractions:—
   Permanent teeth: 3. Deciduous teeth: 18. Total: 21.

During the year, a survey was carried out of a "sample" of children whose parents had declined the offer of dental treatment at the school clinics on the grounds that their children would attend a private dentist, in order to discover what proportion of these children were actually obtaining treatment privately and what proportion had not done so. The results of the survey are set out in the table below:—

Type of school attended by child	*Number of children stating preference for treatment by private dentist*	*Number of these children who had obtained treatment*
1. Mixed Secondary	118	62
2. Girls' Grammar	105	76
3. Mixed Junior (1)	44	18
4. Mixed Junior (2)	25	11
5. Mixed Infant	47	27
Total	339	194

Thus, 57% of the sample were found to have had treatment privately, while 43% were presumably postponing treatment until it became absolutely necessary.

REVIEW OF DENTAL STATISTICS FOR LAST TEN YEARS

(Figures in brackets refer to secondary school children)

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
1. Number of children inspected	11,435 (2247)	11,956 (2333)	11,194 (2304)	10,136 (3156)	5,621 (2163)	4,200 (1803)	1,095 (575)	3,039 (1255)	4,272 (938)	3,768 (1207)
2. Number of children found to require treatment	6,708 (1398)	7,289 (1474)	6,599 (1424)	6.020 (1955)	3,706 (1414)	2,968 (1220)	973 (521)	2,587 (1071)	3,521 (738)	3,036 (886)
3. % of children inspected found to require treatment	59 (62)	61 (63)	59 (62)	59 (62)	66 (65)	71 (68)	89 (91)	85 (85)	82.4 (78.7)	80 (75)
4. Number of children treated	5,334 (1263)	6,500 (1396)	5,977 (1391)	5,555 (1651)	3,499 (1183)	3,030 (950)	1,219 (455)	1,691 (581)	2,419 (581)	2,253 (537)
5. Number of fillings in permanent teeth ..	7,826 (2327)	8,710 (2730)	9,828 (3249)	7,601 (3720)	4,983 (3310)	3,814 (2031)	1,852 (1287)	5,101 (2974)	5,326 (2498)	4,080 (2379)
6. Number of permanent teeth filled	—	—	—	—	—	2,558	1,760	4,716	5,086	3,864
7. Number of fillings in temporary teeth ..	864 —	879 —	1,140 —	992 —	650 (1)	508 (2)	267 —	713 —	1,851 —	1,064 —
8. Number of temporary teeth filled	—	—	—	—	—	508	254	713	1,783	1,019
9. Average number of fillings per child treated	1.6	1.5	1.6	1.5	1.6	1.4	1.7	3.4	2.9	2.3

REPORT OF THE ADVISERS IN PHYSICAL EDUCATION—MISS E. MACONOCHIE AND MR. J. K. D. WHALING

The Ministry of Education publications "Moving and Growing" and "Planning the Programme", which replace the 1933 Syllabus of Physical Training are now widely used in the primary schools and are a guide to all teachers who are responsible for the teaching or supervision of the subject.

The climbing equipment which has been installed in primary schools over the past few years is proving most beneficial, especially to the children in infant and junior schools where facilities for Physical Education may be limited. There is still need for provision of more small apparatus in the schools. It is hoped that an adequate supply will be built up in the near future.

Once again, parties of secondary school children have visited Bisham Abbey, the National Centre of the Central Council of Physical Recreation for a residential weekend. In June a party of boys and girls of 15+ years from the grammar and technical schools spent three days there and in October a mixed party went from Bayswater C. Secondary School. During the weekend the children received expert coaching in games, athletics, archery and river activities. The boys and girls make their own beds and help with the setting of the tables and the washing-up afterwards. It is hoped that these residential training courses may be continued as we feel that they are of both educational and social value.

The weather this year has had a serious effect on all outdoor activities. Playing fields and tennis courts have been unsuitable for use for unusually long periods. To ensure that the standard of play in winter and summer games has been maintained, coaching in specific skills has been carried out most successfully in playgrounds, halls and gymnasia.

Attendances at the outdoor swimming places were below average due to the cold wet summer. Maximum use is made of Cowley Baths, but the need for additional indoor swimming accommodation in Oxford is urgent.

Clothing

The supply of some clothing and gymnastic shoes to the schools is still maintained. We hope, however, that more parents will become aware of the advantage of providing their children with suitable clothing and shoes for Physical Education lessons.

Courses

WOMEN

In September an afternoon course in the coaching and umpiring of netball was held at Temple Cowley School. Two groups of girls from this school took part in demonstrations as well as students from one of the colleges in physical education under the direction of Miss Stratford, the

All-England Netball Coach. This course was open to members of both City and County teams, clubs and schools, and was well attended. The hospitality shown by the Head Master of the school and the children helped to make it a successful and enjoyable course.

MEN

1. *Physical Education for Men Teachers in Primary Schools*

A course of five meetings in Physical Education for Men Teachers in Junior Schools was held during the Autumn Term. The course was planned to invite attention to the present developments in Physical Education, as described in Part II of "Physical Education in the Primary School" published by the Ministry of Education in 1953. Forty teachers attended and demonstrations were given by children at Headington C. Junior, Our Lady's R.C., St. Joseph's R.C. and South Oxford School. Films showing Junior School Physical Education were seen and discussed.

2. *Physical Education for Men Teachers in Secondary Schools*

Twenty-two men teachers from Secondary Schools attended two sessions to see and discuss films on Secondary School Physical Education. athletics, rugby football, association football, cricket and swimming.

3. *Basket Ball*

An eight-session course for men teachers was arranged in Basket Ball Refereeing and Coaching. Eleven teachers and six Youth Club Leaders attended and of these four qualified as Basket Ball Referees.

GIRLS—*Tennis*

The secondary schools are taking advantage of the facilities available, but the weather prevented play on many occasions, with the result that progress is slow. Two schools next season will have courts marked in the playground and group coaching will be taken at school when the grass courts are too wet to use.

BOYS—(*a*) *Association Football*

Although the wet weather has interfered greatly with organised games, the Oxford Schools' Football Association arranged almost two hundred friendly and competitive games during the year. A schoolboys' international trial match was held in Oxford at the request of the English Schools' Football Association and it proved to be most successful.

(*b*) *Athletics*

In co-operation with the Oxfordshire Amateur Athletic Association, a four-day coaching course was held on the Iffley Road Athletic Track during the Easter holidays. Sixty-five boys, aged 13+ years, attended, and Mr. G. H. G. Dyson, Chief National Coach to the Amateur Athletic Association, was one of the twelve expert coaches who assisted.

Thirteen school teams entered the annual Cross-Country event, which was run over a $2\frac{3}{4}$ mile course in the Donnington Bridge area.

(*c*) *Basket Ball*

The interest in Basket Ball as a boys' major game continues to increase and more Youth Clubs are making use of the excellent facilities provided for Basket Ball in the Bayswater and Cheney School gymnasia. The Oxford Youth team had its most successful season in reaching the last eight in the England National Junior Championships.

(*d*) *Cricket*

The group coaching methods used in school are very popular with boys and most successful in teaching correct batting strokes and bowling actions. The Schools' Cricket Association held coaching sessions at Cowley Marsh for some thirty selected boys, but with greater support this number could be increased. The annual match against Cambridge played on the Worcester College Ground under the most adverse conditions was lost.

(*e*) *Rugby Football*

Seven secondary schools in Oxford are now playing Rugby Union Football. Five of these also play Association Football. Coaching sessions, assisted by the County Union have commenced this season with the aim of assisting in the teaching of techniques in the Modern Schools. The City and County combine to take part in the activities organised by the English Schools' Rugby Football Union.

Mixed Activities

(*a*) *Athletics*

Two hundred and sixty boys and girls aged 11+ years attended the Athletic Training Session taken by Mr. G. H. G. Dyson, Chief National Coach to the Amateur Athletic Association.

The standard of athletics continues to improve and once again records were broken at both the City and County Championships, which were held on the O.U.A.C. track under ideal conditions. A successful Junior Meeting was held at Temple Cowley School on July 10th.

(*b*) *Swimming*

The Monday evening coaching sessions organised by the Schools' Swimming Association have been well attended and most successful. At these sessions the voluntary coaches try to improve the diving and swimming technique and stamina of promising boy and girl swimmers. Racing technique is also taught. These classes now culminate in the newly designed Amateur Swimming Association tests for Proficiency and Medallist awards—National Tests which depend on the ability to swim all strokes in good style, rather than speed.

The Junior and Senior Swimming Galas were again held at Cowley Baths.

Below is an analysis of swimming tests passed in 1954.

Test	*Boys*	*Girls*
10 yards	335	314
25 yards	271	275
75 yards	129	150
Object diving	103	78
200 yards	30	49
Two Plain Dives	32	5
50 yards Front Crawl	10	4
400 yards	74	45
Speed	10	6
R.L.S.S. Awards	16	15

Recreative Physical Education in Youth Clubs and Evening Institutes

During the winter months the physical recreation classes in the Youth Clubs and Evening Institutes continued as usual. In addition to these classes members of Youth Clubs attended the coaching centres which were organised in Athletics, Cricket, Netball, Rugby Football, Association Football and Basket Ball. An inter-town sports' meeting against High Wycombe was held in High Wycombe and a similar inter-town sports' day has been planned in 1955, when Cambridge will visit Oxford.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1954

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A.—Periodic Medical Inspections		
Age Groups inspected and Number of Children examined in each		
Entrants	1,487	
Ten Year Old (2nd age group)	1,326	
Third age group	1,116	
Total		3,929
Additional Periodic Inspections		164
Grand Total		4,093
B.—Other Inspections		
Number of Special Inspections	2,749	
Number of Re-inspections	5,500	
Total		8,249

C.—Pupils found to require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	17	259	236
Second Age Group ..	159	199	302
Third Age Group	171	97	243
Total	347	555	781
Additional Periodic Inspections	12	51	53
Grand Total	359	606	834

TABLE II

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1954

Defect Code No.	Defect or Disease (1)	Periodic Inspections — No. of defects: Requiring treatment (2)	Periodic Inspections — No. of defects: Requiring to be kept under observation, but not requiring treatment (3)	Special Inspections — No. of defects: Requiring treatment (4)	Special Inspections — No. of defects: Requiring to be kept under observation, but not requiring treatment (5)
4.	Skin	36	20	265	—
5.	Eyes—*a*. Vision ..	359	10	156	1
	b. Squint ..	36	5	2	—
	c. Other ..	17	2	1	—
6.	Ears—*a*. Hearing ..	14	47	15	1
	b. Otitis Media	20	35	19	—
	c. Other ..	1	4	84	—
7.	Nose or Throat ..	77	191	66	5
8.	Speech	32	42	24	2
9.	Cervical Glands ..	3	141	—	2
10.	Heart and Circulation	—	131	2	2
11.	Lungs	39	126	3	—
12.	Developmental—				
	a. Hernia	5	16	—	—
	b. Other	18	82	—	—
13.	Orthopaedic—				
	a. Posture	121	65	19	—
	b. Flat foot	76	46	35	—
	c. Other	66	115	37	—
14.	Nervous system—				
	a. Epilepsy	5	13	1	—
	b. Other	1	10	—	—
15.	Psychological—				
	a. Development ..	2	23	4	—
	b. Stability	9	39	4	—
16.	Other	28	87	1620	2

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1487	1366	91.86	120	8.07	1	0.07
Second Age Group ..	1326	1172	88.38	151	11.38	3	0.24
Third Age Group ..	1116	999	89.52	114	10.21	3	0.27
Additional Periodic Inspections	164	132	80.49	30	18.29	2	1.04
Total	4093	3669	89.7	415	10.1	9	0.2

TABLE III

Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorized persons	34,628
(ii) Total number of *individual* pupils found to be infested	144
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	144
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

GROUP 1.—Diseases of the Skin (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	otherwise
Ringworm— (i) Scalp	2	
(ii) Body	6	
Scabies	20	
Impetigo	88	
Other skin diseases	264	
Total	380	

GROUP 2.—Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	By the Authority	otherwise
External and other, excluding errors of refraction and squint		272
Errors of refraction (including squint)		1,570
Total		1,842
Number of pupils for whom spectacles were		
(*a*) Prescribed		453
(*b*) Obtained		447

GROUP 3.—Diseases and Defects of Ear, Nose and Throat

	Number of cases treated By the Authority	otherwise
Received operative treatment		
(*a*) for diseases of the ear		7
(*b*) for adenoids and chronic tonsillitis		361
(*c*) for other nose and throat conditions		77
Received other forms of treatment		445
Total		890

GROUP 4.—Orthopaedic and Postural Defects

	By the Authority	otherwise
(*a*) Number treated as in-patients in hospitals	28	
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments		approx. 29

GROUP 5.—Child Guidance Treatment

	Number of cases treated In the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	259	

GROUP 6.—Speech Therapy

	Number of cases treated By the Authority	otherwise
Number of pupils treated by Speech Therapists		132

GROUP 7.—Other Treatment Given

	Number of cases treated By the Authority	otherwise
(*a*) Miscellaneous minor ailments	1,617	
(*b*) Other than (*a*) above		
Remedials—flat feet	431	
Remedials—posture	395	
Total	2,443	

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers:—		
	(*a*) At Periodic Inspections	2,777	
	(*b*) As Specials	1,013	
	Total (1)		3,790
(2)	Number found to require treatment	3,050	
(3)	Number offered treatment	2,059	
(4)	Number actually treated	2,267	
(5)	Attendances made by pupils for treatment	6,379	
(6)	Half days devoted to: Periodic Inspection	12	
	Treatment	1,050	
	Total (6)		1,062
(7)	Fillings: Permanent Teeth	4,080	
	Temporary Teeth	1,060	
	Total (7)		5,140
(8)	Number of teeth filled: Permanent Teeth	3,864	
	Temporary Teeth	1,019	
	Total (8)		4,883
(9)	Extractions: Permanent Teeth	624	
	Temporary Teeth	1,495	
	Total (9)		2,119
(10)	Administration of general anaesthetics for extraction	92	
(11)	Other operations: Permanent Teeth	1,543	
	Temporary Teeth	931	
	Total (11)		2,474